## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. (0) 593090 FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 "AMENDMENT	
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TOTAL DEP.			<b>4</b>		<b>+</b>		<b>←</b>
TOTAL CLAIMS							

PTO - 1360 (REV. 11/04)

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